V. S. No. 1.

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Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

1462126	lation	Dist.	140,

Ward)

Tif death occurred in a hospital or institution.

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WOODWED, Worlde the word) 16 DATE OF DEATH (Month) (Mo	
MARRIED, WOOWED, ORDIVORCED (Month) (May (Write the word)	
	, 1914 (Year)
(Month) (Day (Year) that I last saw him alive on June 19	, 1914
7 AGE If LESS than 1 day,hrs. ORmin.? The CAUSE OF DEATH* was as follows:	4.45°m
SOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) SEIRTHPLACE (State or country) (Duration) 7 yrs. Contributory Aralysis Secondary	mos. ds.
OF FATHER (Signed) Des M. (as a year of some of state of country) (Signed) Des M. (as a year of some of state of some of som	, M. D.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIO ON RECENT RESIDENCE) At place of death	mos ds
(Informant) Former or osual residence.	F BURIAL

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits ean be known. The question who have no occupation whatever, write None, CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and eonsequences (e. g., dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal scptichac-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. by earbolic acid-probably suicide. The nature of the "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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V. S. No. 1.

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1 PLACE OF DEATH 5491 37 County flegange No. Valley VIII POR City County buland (No. Valley 2 FULL NAME Sufant Br	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of streef and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black Shorts (A)	16 DATE OF DEATH (Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from 191, to 191
7 AGE (Month) (Day (Year) 7 AGE (It LESS than 1 day,	that I last saw h alive on
6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Masassace Secondary
10 NAME OF FATHER Chas Bias 11 BIRTHPLACE OF FATHER (State or country) Spring field W, Va. 12 Maiden NAME OF MOTHER OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) Hoorefield Wila 14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant) has large with the state of	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed UN2919 (Jac bla & Bin	POUNDERTAKER ADDRESS

If more hianks are needed, address State Registrar, 6 E. Franklin SC, Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is neeshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers Civil engineer, Stationary freman, etc. But in many ness of various pursuits can be known. The question who have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons eausing death, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestie service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for ehildbirth or misearriage as "Puerperal septichae cause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for maligtetanus) may be stated under the head Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



should PHYSICIANS shou statement PERMANENT 4 THIS NX UNFADING Instructions piai 7 of Inford See 10 item Every Itel CAUSE C

Very State

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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, WIDOWED, ORDIVORCED (Write the word) (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) yrs......ds. which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) State Where was disease contracted. 14 THE ABOVE IS TRUE TO OF MY KNOWLEDGE If not at place of death? Former or usual residence BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be iudi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICINAL, OF as probably The contributory (Recommendations on statement of (secondary or intercurrent)



state

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.:....Ward)

Tif death occurred in a hospifal or institution, give Its NAME instead

of street and number. I MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at. (Duratien) Contributory..... Secondary 101914 (Address) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) In the State _____ yrs, ____ mos. yrs. _ mos. ____ ds. Where was disease contracted. If not at place of death? usuai residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

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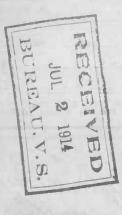
1 PLACE OF DEATH 5404	STATE OF MARYLAND
County Mulgary	CERTIFICATE OF DEATH
6 1 30	Registration Dist. No.
Village or City Cull Card (No. Cell	(Many / Yorks: Ward) [If death occurred in a hospital or institution, give its NAME instead
FULL NAME Joseph 17.	Srooks ot street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color of Race Single, MARRIED, WIDOWED, OR DIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 A I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	June 4 1914, 10 June 8 1914
(Math) (Day (Year)	that I last saw h Min alive on Jum 2 ,191 4
7 AGE It LESS than	and that death occurred on the date stated above, at
40 yrs 9 mos 2 l ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work. Ounter	Jois-jan (Illamis)
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. 5 ds.
9 BIRTHPLACE (State or country)	Secondary (Boration) VIS. mos 21 ds.
10 NAME OF Sattanciel Brooks	(Signed) (Boration) yrs mos ds.
VI BIRTHPLACE OF FATHER (State or country) 12 Maiden Name OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
12 MAIDEN NAME Tille Taury	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) MA.	At place of death yrs. mos. 4 gs. State 40 yrs. 9 mos 3 ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Royalist Cley, it not at place of death?
(Intermant) Manuel Floring	Former or usual residence. How hoffs Alley 19 PLAGE OF BURIAL OR REMOVAL PATE OF BURIAL
(Address)	Lumas Cell June 10 191 16
Filed 9 1914 or Jacob & Dans	20 UNDERTAKER ABDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of Ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional liue is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. been changed or given up on account of the nisease who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborcr," "Foreman," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using aiways the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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		should state
	RECORD	PHYSICIANS of OCCUPAT
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
V. S.		N. B.

		E OF DEATH	5405	(14)		TE OF MARY	
Co	untyA.A.A.	egany	•	()	Re	gistration Dist.	No.
Vit		Cumberlan	1514		drick	St.; 4 Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSO	NAL AND STATISTI	CAL PARTICUL	ARS	MEDICAL	CERTIFICATE OF	DEATH
3 \$	EX	4 COLOR OR RACE	MARRIED.		16 DATE OF DEATH	Quer	20th 1914
fe	emale	colored	ordivorced (Write the we	Married	- Lucada	(Month)	(Day (Year)
6 D	ATE OF BIRT	н			1.111/2H	Id. to Mills	W. R. Mini
		Dec. (Month)	16 (Day	, 1 845 (Year)	that i last saw h Lift all	10	19 th 191 4
TA	GE	68 yrs 6	mos. 4 ds.	It LESS than t day,hrs.	and that death occurred o		bove, at 1-309 m.
(a pa (b) bus wh	CCUPATION) Trade, protession irticular kind of w) General nature siness, or estab- lich employed (or IRTHPLACE (State or cou	ork	ewife e		Contributory Engl	0	yrs/mos. 3 ds.
	10 NAME O FATHER		S.Brown		(Signed) Sturge	Qu Spa	yrs mos/o ds.
ARENTS	-	ACE HER or country) M	d.		*State the DISEASE CAUSES, state (1) MEAN TAL, SUICIDAL, OF HOMIC	ddress) Call Color of the Color	7 - 12
PAF	12 MAIDEN OF MO	THER	Qusen		18 LENGTH OF RESIDENCE OF RECENT RESIDENCE		
		ACE HER r country)	Md.		At place of death yrs mos. Where was disease contracted,	In the	yrs, ds
14 .	(Informant)	s TRUE TO THE BES Fredrick Bu	rgee	VLEDGE	It not at place of death? Former or usual residence	***************************************	
	(Address)	146 Fredr	ick St.		19 PLACE OF BURIAL OR	REMOVAL	DATE OF BURIAL
15 Fl	dUN 22	1914 Cal	oh 19	Name REGISTRAR	Sumner Cem. 20 UNDERTAKER LOUIS Steil		June 23 , 191 4 ADDRESS City
	1	If more hlanks	are needed, addr	ess State Regis	trar, 6 E. Franklin St., Balto	, Requesting V. S.	No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; who have no occupation whatever, write None, been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise speci-(a) Spinner, the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculçsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



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S. No. 1.

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County-

1 PLACE OF DEATH Allegany

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Cumberland 201 Grand Ave., st;

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

MARY SUSAN CASTLE

	PERSO	NAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 5 6	ex Female	4 COLOR OR RACE White	Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	ATE OF BIRTI	May (Month)	25 , 1865 (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 3, 191.4, to 3, 191.4, that I last saw hear alive on 3, 191.6
7 AC		49 yrs 0	If LESS than	and that death occurred on the date stated above, at 6.30 m. The CAUSE OF DEATH* was as follows:
(a) par (b)	CCUPATION Trade, profession ticular kind of wo General nature o	ork MILIINE f industry.	er	Cerebral Hemourlage
9 B	iness, or establi ch employed (or o RTHPLACE (State or cou	employer)		Contributory Secondary
3	10 NAME OF	West	Virginia Peters	(Signed) (Buration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) West Virginia 12 MAIDEN NAME OF MOTHER Catherine Davis		Virginia	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT	
		ne Davis	CAUSES, STATE (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.	
		r country) Wes	st Virginia	OR RECENT RESIDENTS) At place in the of death yrs mos ds
	(Informant)	Edward Cas	T OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
15 File	(Address)	Cumber?	end, Md., REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL SULL 6, 1911 26 UNDERTAKER ADDRESS

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as ctc, when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for -XE

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V. S. No. 1.

RECORD PERMANENT UNFADING INK-THIS IS WRITE PLAINLY, WITH

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. Z B

KIDE

ADDRESS

A A A	CERTIFICATE OF DEATH.
County allegury	
Village or City Corrugaville (No. 7).	Registration Dist. No. [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Mlete (Write the word)	16 DATE OF DEATH 28 , 1914 (Month) (Day (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h alive on ,191 ,191
If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 3
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duratioo) yrs mos ds.
State or country) Pa.	Contributory Secondary (Deration) yrs mos ds.
10 NAME OF HERRY Cletes Sr	(Signed) Im. H. Shaw Caroner, M. D.
11 BIRTHPLACE OF FATHER (State or country) Sout Know	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
of Mother Caroline Bruce	CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs, mos, ds. State yrs, mos, ds
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death? Former or usual residence. # 2 Abjetuant Ave
(Address) 2 Afficient Chart	19 PLACE OF BURIACOR REMOVAL DATE OF BURIAL
16	West of the second willed 101 of

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

additional live is provided for the latter statement; who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUBY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origiu; "Cancause of death approved by Committee on Nomencla "Contributory." which surgical operation was undertaken. mere symptoms or terminal conditious, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) tctanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from State cause for For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pialn terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City & Chinast (No. St.; Ward) PERSONAL AND STATISTICAL PARTIGULARS 3 SEX **COLOR OR BACE SUNDER CONTROLL (No. St.) **DATE OF BIRTH **DATE OF DEATH **DATE OF BIRTH **DATE OF DEATH **DATE OF BIRTH **DATE OF B	PLACE OF DEATH 5408 County Alle Car	STATE OF MARYLAND CERTIFICATE OF DEATH
SEX ACOLOR OR BACE MICH WILL ACOLOR OR BACE ACOLOR OR BACE	hillian.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
MARK Whowever, Whomever, W	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flies IMME 4 1914 Del- L. COUTOU EQUINDERTAKER JUN CO TRASTORIES	MARRIED GROUPACED (Write the word) 8 DATE OF BIRTH Self (Write the word) (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) (Year) 7 AGE If LESS than 1 day, hrs. OR min.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Cohhart (State or country) Cohhart 10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	I HEREBY CERTIFY, That I attended deceased from [191], to [191], that I last saw h. [191], to [191], and that death occurred on the date stated above, at [20], m. The CAUSE OF DEATH * was as follows: [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20] [20]
	Flies June 4, 1914 Del-L. Course	Tradburg fur Co Fratburg

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eonditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



V. S. No. 1.

PLACE OF DEATH 3409	STATE OF MARYLAND
County Allegary	CERTIFICATE OF DEATH,
	Registration Dist, No.
Village or City Leverberland (No. tolo,	in berlands: Ward) If death occurred to
0	give its NAME instead
2FULL NAME Infant &	opeland Shell of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White (Write the word)	DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH /	17 HEREBY CERTIFY, That I attanded deceased from
June 10 914	, 191, to, 191,
7 AGE (Month) (Day (Year)	that I last saw h aliva on 191
1 day,hrs.	and that death occurred on the data stated above, atm, The CAUSE OF DEATH* was as follows:
SOCCUPATION OS	Bon dock
(a) Trade, profession, or particular kind of work	Q + 11 /1
(b) General nature of industry,	10,500 //4000
business, or establishment in which employed (or employer)	(Ouration)yrsmosds.
State or country) Cumberland Med.	Secondary (Buratlan)
10 NAME OF C. L. Capeland	(Signed) Phone Consultation (Signed) Phone Consultation (Signed) N. D.
11 BIRTHPLACE OF FATHER	July (Address) Blousky
11 BIRTHPLACE OF FATHER (State or country) 12 MAINTER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a May Schaffer,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs, mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Dr. V. P. Cofeland.	Former or usual residence
(Address) Dans W/R	19 PLACE F BURIAL OR BEMOYAL DATE OF BURIAL
16 HIN 11.1914 A 1 (A) DI	Marc 1/100 1/12 1914
Filed 191 /alph Duns	20 NDERTAKER DA ADDRESS
If more blanks are needed, address State Regis	VA Butter Oule

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salcsman, (b) eases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," ctc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indibeen changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and eonsequences (e. g., sepsis, tetanus) may be stated under the head of Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichae. ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Measles; Whooping eough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory (seeondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

County allegary	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Benderland (No. All	Registration Dist, No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Bolard (Write the order of 896)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2, 191 4, to 2, 191 4
7 AGE (Month) (Day (Year) 1 LESS than 1 day,hrs. 0Rmin.?	and that desth occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs
(Address) (Address)	Former or usual residence. 19 place of Burial or Removal 20 understate Address Strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertakeu. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



REGISTRAR

1 PLACE OF DEATH 54

state Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.... Ilt death occurred in a hospital or Institution give its NAME instead of street and number. I (Day I HEREBY CERTIFY, That I attended deceased from

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,

In the State _____ yrs, ___ mos.

ADDRESS.

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: IENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



N. B.-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on hack of cartificates RECORD PERMANENT BINDING 4 15 FOR UNFADING INK-THIS RESERVED WRITE PLAINLY, WITH MARGIN

S. No. 1.

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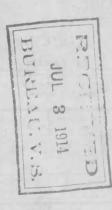
PLACE OF DEATH 3412	STATE OF MARYLAND
County alleshang	CERTIFICATE OF DEATH
County	Registration Dist, No. 12
Village or City Clean (No,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead
2 FULL NAME James Cun	of sfreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Quarter 15 1840	December 8 1913, to June 11 1914,
(Month) (Day (Year)	that I last saw ham alive on June 1 (1914
7 AGE It LESS than t day,hrs.	and that death occurred on the date stated above, at 10 13 H:m.
	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	(Buraflon) yrs. 7 mos. 3 ds.
9 BIRTHPLACE (State or country) Ireland	Contributory Secondary (puration) yrs mos ds
10 NAME OF FATHER Curringham	(Signed) M. J. Me Dermott, M. D.
11 BIRTHRYACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
THE OF MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Ireland	OR RECENT RESIDENTS) At place in the of death yrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Interment) Das Commission (Interment) Das Commi	Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) (Address)	Goodburg Md James 13, 1914
Filed (MM) // 1914 F. The harles	1. V. Durst Brostburg Mil
in more manks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Laborer," write None. As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. ample: Mcastes (disease causing affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," death), 29 ds.; "Exhaustion," Never report



1 PLACE OF DEATH

County Alleganyand

Very

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilt death occurred in -Ward) a hospital or Institution. give its NAME Instead

ot street and number.] MEDICAL CERTIFICATE OF DEATH (Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from and that death occurred on the date stated above, at (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. In the State _____ yrs. ___ mos. _

REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Regiesting

ADDRESS

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtherta (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcinetass of lungs, peritonaeum, etc., Carcinetass o

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause. Aiways qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of lnjury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County all sand Registration Dist. No..... If death occurred in a hospital or Institution, give its NAME instead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from 17 OF BIRTH Month) (Day (Year) 7 AGE If LESS than 1 day, hrs. was as follows: yrs mos ds. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) -----Contributory 9 BIRTHPLACE Secondary (State or country) (Duration) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER AREN. (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE allegan At place OF MOTHER (State or country) of death ____ yrs. ___ mos. 4_ ds. State yrs. ... Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 2 3, 191... 15 20 UNDERTAKER

If more blanks are needed, address State Registrat, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing nearin (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucksis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

Ocunty Alleger Start (No. 7)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
2FULL NAME Olizabelh D.	211501
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVDRED (Write the word)	(Month) (Day (Year) 17 1 HEREBY CERTIFY, That 1 attended deceased from
8 DATE OF BIRTH	
7 AGE (Month) (Day (Year) 7 AGE (Month) (Day (Year) 1 day, hrs.	that I last saw h
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indostry, business, or establishment in which employed (or employer)	(Duration) / yrs. mos. ds.
9 BIRTHPLACE (State or country) And	Secondary (Duration) yrs mos ds.
11 BIRTHPLACE OF FATHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 MAIDEN NAME OF MOTHER (State or country) 15 MOTHER (State or country) 16 MOTHER (State or country)	(Signed)
(Informant) D. M. Johnson (Address) Common Delega Six	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL ADDRESS Where was disease contracted, if not at place of death? ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer or Planter, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertalned as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



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DEATH in prese Instructions OF important. Every H oż

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [if death occurred in St.;....Ward) a hospital or institution, give its NAME instead mie Welen. of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 18 DATE OF DEATH 4 COLOR OR RACE 3 SEX MARRIED. .. WIDOWEO, (Dav) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE if LESS than and that death occurred on the date stated above, at 1 day,brs. OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work... (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed). ARENTS 11 BIRTHPLACE OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place · in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs. mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 UNDERTAKER ADDRESS Filed REG/STRAR If more blanks are needed, address State Regis tran, 6 E. Franklin St., Baito., Requesting

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age who have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons (e)

Statement of cause of death—Name, first, the disease causing death—In any affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock." 'Traemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage, as "Puerperal schilchae "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 affection need not be stated unless important. Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measics; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-State cause for Examples:



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Illes were Registration Dist. No. Ilt death occurred loWard) a hospital or Institution, give its NAME Instead ot street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR ORRACE 5 SINGLE, DATE OF DEATH MARRIED. WIDOWED. (Write the word) -(Month) (Day (Year I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 5-30 6-m. 1 dayhrs. OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in mos 20 ds (Duration) which employed (or employer) 9 BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER PARENTS OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from Y CAUSES, state (1) MEANS OF INJURY; and (2) whether CCCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death yrs. mos. ds. State Where was disease contracted. NOWLEDGE It not at place of death?. Former or usual residence DATE OF BURIAL 15 20 UNDERTAR REGISTRAF If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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nant neoplasms); Measles; Whooping cough; Chronic ctc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify us which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



PLACE OF DEATH	STATE OF MARYLAND
alless 129	CERTIFICATE OF DEATH,
County County	Posterotte Dist No. H
1000	Registration Dist. No.
Village or City Cum Erland (No. 149,	A Cecutice St.; Ward) [If death occurred in a hospital or institution,
10 91-	give its NAME Instead
John W. X	ot street and number.]
2FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Married, Married Wildowso, Married (Write the word)	(Month) (Day (Year)
	I HEREBY GERTIFY, That I attended deceased from
DATE OF BIRTH	, 191 to , 191 ,
(Month) (Day (Year)	that I last saw hat alive on
7 AGE If LESS than	and that death occurred on the date stated above, at 200 m.
1 day,hrs.	The CAUSE OF DEATH* was as follows:
yrs mos ds. OR min.?	7/24/1
BOCCUPATION (a) Trade, profession, or	The state
particular kind of work	// List
(b) General nature of Industry, business, or establishment in	(Duration) 3 yrs mos ds,
which employed (or employer)	
9 BIRTHPLACE (State or country)	Secondary
0000	(Duration) yrs mos ds.
10 NAME OF FATHER	(Signed) Cause A asses M. D.
11 BIRTHPLACE	6/157 1914 (Address) Constaland, Por
L Bini HPLACE	
OF FATHER (State or country) 12 Maiden NAME OF MOTHER FATHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER — Horns	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Auskiloum	ot death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) C. 13. Freshows.	Former or
(IIII) IIIII)	usual residence.
(Address) 4 A Land Control of the Co	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 JUN 10 1318 / A B	Theulles Hat May Mal b, 191.4
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II more planks are needed, address State Regi	strar, 6 E. Franklin St., Balto, Requesting V S. No.).

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons additional line is provided for the latter statement; who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons eugaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

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aant neoplasms); Measles; Whooping cough; Chronic cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can-ACCIDENTAL, SUICINAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or misearriage as "Puerperal scotichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) State cause for For vio-



No. 1. 700

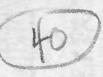
N. B.

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phous	JON is	
YSICIANS	OCCUPAT	
Ho	10	
-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION impacts	
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-Every It	CAUSE	Important. See instructions on back of certificate.

Count

Villa

1 PLACE OF DEATH	5419
Allegany	***************************************



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 10

se or Oity Cas	sh Valley	(No,
----------------	-----------	------

St.;----Ward)

[If death occurred in a hospital or institution, give its NAME Instead of street and number.]

JOSEPH DRESSMAN FULL NAME...

PERSONAL AND STATISTICAL PARTICULARS			CAL PARTICULA	ARS	MEDICAL CERTIFICATE OF DEATH	
35	(ale	COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the WO	Married ord)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from	
6 D	ATE OF BIRTH	May (Month)	12 (Day	, 1855 (Year)	that I last saw have allye on may 30, 1914	
7 A	ge 59	yrs O	mos. 22 ds.	If LESS than 1 day,hrs. ORmin,?	and that death occurred on the date stated above, at	
(a pa (b) bus	CCUPATION) Trade, profession, of rticular kind of work.) General nature of in iness, or establish ich employed (or ema	rarmer dustry,	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$		deser (Duration) / yrs mos os.	
	RTHPLACE (State or countr		Virginia	***************************************	Gontributory Secondary	
TS	BIRTHPLACE				(Signed) yrs mos ds , M. D.	
PAREN	(State or o	ountry)	ne Wunds	treet	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.	
	13 BIRTHPLAC OF MOTHER (State or c	ountry)	Germany		At place In the of death yrs mos ds. State yrs mos ds	
		ary Dressm	an	1886-10 /	Where was disease contracted, If not at place of death?	
15 Fil	ed June a		. S. Nac		The Delero Vauls: Jones 1914 20 UNDERTAKER DATE OF BURIAL ADDRESS OMNO OMN	
	0)	If more blanks a	re needed, addre	ess State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

fication as Day laborer, Farm laborer, Laborer-Coal Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcinologies of lungs, meninges, peritonaeum, etc., Carcinologies, peritonaeum, etc., Carcino

injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medicai Association.) "Contributory." scpsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion,"



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

allegann	120	STATE OF MARY CERTIFICATE OF	
Gounty Cay County	113	Registration Dist.	
Village or City Junos	(No.)	St.; Ward)	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME WW		Com Cour	.=-/
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL CERTIFICATE OF I	DEATH
male sullite with	NGLE, MRRIED, MANUEL DOWED, Tite the word)		20,1914 (Day (Year)
6 DATE OF BIRTH MARCH	1/ 1876	17 I HEREBY GERTIFY, That I at	, [91,
7 AGE	(Day (Year) if LESS than t day,hrs.	and that death occurred on the date stated at	0 =
* OCCUPATION (a) Trade, profession, or particular kind of work	ds. <u>OR</u> min.?	Crished by a fa	el of
(b) General nature of industry, business, or establishment in	**************************************	OUTIN QCC (Duration)	ident
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF	ea - d	ContributorySecondary	
STO FATHER CAMES	Pdwarde	(Signed) Wisse H Shary 6	growl, M. D.
STATE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	gland.	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	deaths from Violent
13 BIRTHPLACE	the mes	18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN: OR RECENT RESIDENTS)	
THE ABOVE IS TRUE TO THE BEST OF	MY KNOWLEDGE	At place in the ot death yrs, mos ds. State Where was disease contracted, it not at place of death?	yrs ds
(Informant)	Rarlins	Former or usual residence	***************************************
(Address) 15 Filed 6 WMA (21 1914 F.)	Phases	Old Correy Cemeley J	DDRESS
	REGISTRAR eeded, address State Regist	Who have I have do	cocaring ud

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. cated thus: been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealcr," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: Civil engineer, Stationary fireman, etc. Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmaterial worked on may form part of the second Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," But in many "Foreman,"

Statement of cause of death—Name, first, the disease eausing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. etc. The contributory (secondary or intercurrent) valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "PUERPERAL septichac-"Exhaustion," For vio



V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very of information should be carefully sur DEATH in plain terms, so that it ma See instructions on back of certificate. Item E OF -Every Item CAUSE OF Important. 1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

		п

St.; Ward)

[if death occorred in a hospital or institution,

ADDRESS

FULL NAME Cast	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Prale 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Month) (Day (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Ye	that I last saw h malive on from 6, 191.4
7 AGE If LES: 1 day 2 yrs 5 mos. 20 ds. 0R	hrs. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry.	Jangal Lifettina
business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Gentributory Administration yrs mos 2 ds
10 NAME OF FATHER CLIFTON SCLLO 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME O	(Signed) (Boration) yrs mos ds (Signed) (Address) (Signed) (Signe
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the of deathyrs,mosds. Stateyrs,mosds Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Is Laragele	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

N. B.-

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Statement of occupation-If retired from business, that fact may be indl-Never return -Precise statement of occupa-"Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death is respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory Always qualify all diseases resulting from (secondary or intercurrent) death), 29 ds.;



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pizin terms, so that it may be properly classified. Exact statement of CCCUPATION is very Important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH 5422	STATE OF MARYLAND
County Cleaning	CERTIFICATE OF DEATH Registration Dist. No
Village or City MDavy (No. 1)	St.; Ward) [It death occorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
9 SEX 4 COLOR OR RACE 6 SINGLE, MARRIED, WIOWED, ORDIVORCED ORDIVORCED ORDIVORCED (Write the word)	16 DATE OF DEATH 22, 191.54 (Month) (Day (Year)
6 DATE OF BIRTH July 13 1907	17 I HEREBY CERTIFY, That I attended deceased from S. 1914, to 22, 1914, that I last saw h
7 AGE (Mowth) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 5 ds.
State or country) Maryland	Contributory Secondary (Ouration) yrs mos ds.
10 NAME OF FATHER CLIPTON ECCLOST 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mal.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Interment) Control of the Best of My Knowledge	It not at place of death? Former or usual residence
(Address) Moderated 16 Filed June 13,1914 F. a. June of the Registry are	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS TANKER
	var, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid preumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuces of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puenperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



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Very SICIANS should occupation is certificate. 50 back See Instructions plai ٥ DEATH OF mportant.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. Ilf death occurred laWard) a hospital or institution, give Its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. 1912 WIDOWED, (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Morth) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, a 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duratien) which employed (or employer) Contributory 9 BIRTHPLACE (State or country) Secondary (Duration) 10 NAME OF FATHER (Signed) PARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs, mos, ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?... Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by J. S. Census and American Public Health Association.]

cated thus: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever; write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home, mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: But in many "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid nse of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canthre of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and quality as which surgical operation was undertaken. mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failurc," "Haemorrhage," "lnanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. ample: affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Seuile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKENLINES

Village or Gity Barby (No.) 2FULL NAME Florence Viola 2	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) Faceubaker St.; Ward) St.; Ward) [If death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day (Year)	that I last saw help alive on June 9 ,19154 and that death occurred on the date stated above, at 11-399m.
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows: Saw the Chies but a sheet time before cleath (Duration) yrs mos 4 ds.
9 BIRTHPLACE (State or country) Md	Gentributory Secondary (Doration) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Gunett Co he of 12 Maiden Name of Monther	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Pa	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted.
(Informant) Arthur Facubaker	If not at place of death? Former or usual residence.
16 Filed June 10, 1914 Afformation REGISTRAR	Monisonio Cena. Aleg. Co Date of Burial June 10, 1914 20 UNDERTAKER Dral Banks Banks

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping eough; Chronic valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Aecidental drowning; Struck by railway train-aecisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (secondary or intercurrent)



S. No. 1.

Filed.

RECORD PERMANENT stated EXACTLY. properly classified. UNFADING INK-THIS IS should AGE PLAINLY, WITH WRITE

ated EXACTLY. PHYSICIANS should state.
Exact statement of OCCUPATION IS VERY of information should be carefully supplied.

DEATH in plain terms, so that it may be instructions on back of certificate. CAUSE OF Important, S 0 ż

1 PLACE OF DEATH 5495	-	
County alley ung	1	8)
Villada as also Celled 1	1	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

ADDRESS

Vi	liage or City (No. (No.)	St.; Ward) [If death occurred lo a hospital or institution, give its NAME lostead of streef and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 0	(Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from 191 4, that I last saw has alive on 191 4,
TA	GE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at
(a pa (b bu wh	CCUPATION 1) Trade, protession, or articular kind of work) General nature of industry, siness, or establishment in hich employed (or employer) IRTHPLACE (State or country)	(Ouration) yrs. mos. 7 ds. Contributory Secondary
ARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
В	13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place In the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, it not at place of death?————————————————————————————————————
15	(Address) Celcharl And	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canby earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles affection need not be stated unless important. The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-"Senile," etc.), "Dropsy," may be stated under the head of (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For vio-



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

Registration Dist. No.

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5426

1 PLACE OF DEATH

lif death occurred in

Vill	2FULL NAME Clara Fo	ward) a hospital or institution, give lis NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je.	ex 4 COLOR OR RACE 5 SINGLE, MARRIED MANNEED WIDOWED, WIDOWED, Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DA	(Month) (Day (Year)	that I last saw he alive on func 17, 194
7 AC		and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) par (b) busi whit	CCUPATION Trade, profession, or flicular kind of work General nature of indostry, lness, or establishment in ch employed (or employer) RTHPLACE (State or country)	Carcinoga of lives & gall-bladdes (Duration) J. yrs. mos. ds. Contributory Shork following oper Secondary alion
PARENTS	10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 4	(Signed)
	(Informant) DUIS STERRY OF MY KNOWLEDGE (Address) Address Add	where was disease contracted, telemport had, it not at place of death? Former or usual residence selectificate that the place of Burial or Removal Date of Burial 20 UNDERTAKER ADDRESS
	If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the honsehold only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never retnrn "Laborer," (b) Cotton mill; (a) Salesman, "Foreman,"

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No. 1.

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DEATH in plain terms, so that it may be see instructions on back of certificate. CAUSE OF important.

PLACE OF DEATH	5427	Marketon and the same of the s	g displacement days.
County Allgan	7	(64)
	,		"
Village or City Louaco	my (No	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

...St.;.....Ward)

[If death occurred in a hospital or institution, give its NAME insfead

2FULL NAN	IE George For	of street and number.]
PERSONAL AN	D STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male W	PRORRACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH June 19 Th , 191 4 (Month) (Day (Year)
6 DATE OF BIRTH	Jan 27 + 1828 (Month) (Day (Year)	that last saw h alive on 1914.
7 AGE 86	1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.	etired Coal Sonner	John Marie Constitution of the Constitution of
(b) General nature of Industry, business, or establishmenf in which employed (or employer)		(Duratioo)yrsmos. Z ds.
9 BIRTHPLACE (State or country)	England	Contributory Secondary (Duration) yrs mos ds.
OF TATHER	lix Forta	(Signed) Herry Intolyn, M. D. Sune 20tt, 191 4 (Address) Lovalous 324
C OF FATHER (State or country	To De	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country	, England	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the of death yrs mos ds.
(Informant)	TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not af place of death? Former or usual residence
(Address)	raermy and	19 BOACE OF BURIAL OR REMOVAL DATE OF BURIAL OLD CONLY Comeley June 21, 1914
0.	4 JOTS LEGGET REGISTRAR	29 UNDERTAKER Shows Lenguis And

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the ness of various pursuits can be known. The question tiou is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (0)

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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PLACE OF DEATH STATE OF MARYLAND · OVoas CERTIFICATE OF DEATH County..... Registration Dist. No. Ilf deeth occurred in a hospital or institution. give its NAME Instead of street end number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE, MARRIED MAIN 3 SEX DATE OF DEATH (Month) (Day ORDIVERCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw h...... alive on (Month) (Year) (Dav TAGE If LESS than and that death occurred on the date stated above, a 1 day,hrs. The CAUSE OF DEATH * was as follows: OR 7 BOCCUPATION (a) Trede, profession, or particular kind of work (b) General neture of indostry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER 11 BIRTHPLACE , 191.7. (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 4 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State yrs. ____ mos. Where was disease contracted. If not at piece of death? Former or usual residence.

> 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAK ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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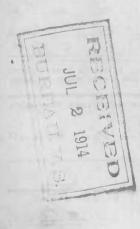
PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH County.... Registration Dist. No..... If death occurred in a hospital or Institution. give its NAME instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 4 COLOR OR RACE 5 SINGLE, DATE OF DEATH MARRIEO. WIDOWED, (Month) (Year) (Day (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. 1 dayhrs. The CAUSE OF DEATH* was as follows: OR mln. ? 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry. business, or establishment in (Duration) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed 11 BIRTHPLACE (Address) ENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. AR 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) ot death yrs. mos. ds. State _____ yrs, ____ mos, __ Where was disease contracted. 14 THE ABOVE IS TRUE KNOWLEDGE If not at place of death?.... Former or (intermant) usual residence. OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 DERTIKER ADDRESS Flied If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No... If death occurred in a hospital or Institution, give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day, hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ., 191 4 (Address) PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. ____ mos. ___ Where was disease contracted. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?... Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

REGISTRAL

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[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulgainfully employed, as At school or At home. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when necded. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. causing death, state occupation at beginning of ill-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichae-"Contributory." by carbolic acid-probably suicide. The nature of the ture of the American Medical Association.) cause of death approved by Committee on Nomencla-The contributory tetanus) may be stated under the head of (Recommendations on statement of (secondary or intercurrent) For vio-



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

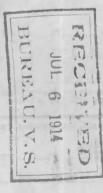
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II more branks are needed, address State Registrar, 6 E. Franklin St. Balto Poquestin Tr. 6 21.		Francis Furniture & Undertaking Co.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations who have no occupation whatever, write None. eated thus: of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question been changed or given up on account of the disease Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) eases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, If the occupation has As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausatiou), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonaeum, etc., Carcin-

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7		

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No fif death occurred in St.:---Ward) a hospifal or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE, 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, (Month) (Day OROIVORCEO I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH that I last saw han alive on (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at f dayhrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) ... Contributory..... 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL. SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. Sfafe yrs, mos, ds Where was disease confracted. If not at place of death?... Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yes.) For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Auaemia" (merely symptomatic), "Atrophy," valvular heart discase; Chronic interstitial nephritis ture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras geuital," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (uame origiu; "Can Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustiou," Never report



MARGIN RESERVED FOR BINDING

V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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PLACE OF DEATH 5433	STATE OF MARYLAND
County alleg	CERTIFICATE OF DEATH
	Registration Dist. No.
throat the	If death occurred to
Village or City // PROMINENO.	St.; Ward) a hospital or institution, give its NAME instead
*FULL NAME Mary C.C.	Harding Of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Day (Year)
B DATE OF BIRTH (Write the word)	170 I HEREBY CERTIFY, That I attended deceased from
# .9/W	June 10, 1914, to fine 16, 1914,
(Month) (Day (Year)	that I last saw here alive on free 1915
7 AGE If LESS than	and that death occurred on the date stated above, atm,
yrs 2 mos 6 ds. or min.?	The CAUSE OF DEATH * was as follows:
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(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishmen! in which employed (or employer)	(Duration) yrs mos. 3 ds.
9 BIRTHPLACE	Secondary Succe Feel
ROCK	(Duration)mosds.
10 NAME OF FATHER	(Signed) Indiana N. D.
o 11 BIRTHPLACE	Jul 16, 1914 (Address) Free 1
Z OF CATHER (State or country)	
11 BIRTHPLACE OF KATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
- Flore	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Al place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(informant) En Resons	If not at place of death?
Havalling 74	usual residence
(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
1111114 1/1 1/1 Upallan	20 UNDERTAKER ADDRESS
Filed W.C. 19 PEGISTEAR	Fronthuse Francisco & Blader Line Co.
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease who receive a definite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercuters of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUTCIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of "Exhaustion," For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. It's death occurred inWard) a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH 5 SINGLE. WARRED, (Write the word) (Month) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH onth (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * was as follows: OR nin. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in dcaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ .. ds. State _____ yrs. ____ mos. ___ ds Where was disease contracted. 14 THE ABOVE IS TRUE If not at place of death?-Former or usual rasidence. OR REMOVAL (Address)..... DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Gerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion,"



	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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PLACE OF DEATH No. 17 COULT	STATE OF MARTLAND
County A followand	CERTIFICATE OF DEATH
£ 1 1 1/1	Registration Dist. No.
Village or City Course Med Not to 1, 9	os posta (Ward) a hospital or institution,
6/1/	give its NAME instead of street and number.
FULL NAME OYOURTOON	ev -
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, Carego La -	16 DATE OF DEATH 10 19 19 19 19 19 19 19 19 19 19 19 19 19
Male - While Broyvered (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended decessed from
May 19 1896	1917, to 944, 1914,
(Month) (Day (Year)	that I last saw half slive on 1914
7 AGE If LESS than	and that dasth occurred on the date stated above, st & P m,
yrs mos 2 3 ds or nin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION //	· Justification
(a) Trade, profession, or particular kind of work	
(b) General nature of Industry,	
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPEACE TO	Contributory Sulesbours hand
(State or country) Tarrell .	Secondary
10 NAME OF FATHER:	(Duration) yrs mos 3 ds.
Wacul Hoover	(Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Address) (Address)
(State or country) a vreff (0.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
OF MOTHER	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place of death yrs. mos. 2 ds. State yrs. mos. 2 ds
14 THE ABOVE IN THUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Leanger + 66ver-	Former or (2)
The Market of th	usual residence flather for the first for th
(Address) for the state of the	19/PLACE OF BURIAL OF REMOVAL
141914	PUNDENTAKE ADDRESS ADDRESS
Filed ,131 Registrar	ADDRESS
	rar, 6 E. Franklin St., Balto, Requesting V, S. No. 1.
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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in mauy Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

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mia," "Puerperal peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably childbirth or miscarriage as "Puerperal septiehaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of



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of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms. so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. CAUSE OF Important, S

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		Registratio	n Dist. No
Village or City Frostburg (No.	170 mc Co	Clough st.	Ward) -
	. 11		g

[It death occurred in a hospital or institution.

2FULL NAME	Furter give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Since, MARRIED, MIDDINGRED, ORDIVERGED, OR	DATE OF DEATH (Month) (Day (Year)
G DATE OF BIRTH LUNE 10, 1914	17 I HEREBY GERTIFY, That I attended deceased from
7 AGE Soumble Clay (Year)	and that death occurred on the date stated above, at
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Still Birth (Duration) yrs mos ds.
9 BIRTHPLACE (State of country) 10 NAME OF FATHER Seo. Squarter 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Contributory Secondary (Duration) yrs. mos. ds. (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place in the ot death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
(Address). 16 Filed Dex 1), 1914 Dr F.d. Consus PEGISTRAN	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
If many blanks 12	

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

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sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., theuia," "Anaemia" (mcrely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "l'uerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), may be stated under the head (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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STATE OF MARYLAND 1 PLACE OF DEATH state CERTIFICATE OF DEATH should ION. Is Registered No. If death occurred in PHYSICIANS of OCCUPAT a hospital or institution. give its NAME instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED, Widor WIDOWED, (Month) (Day) ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH 183 Month (Day) (Year 7 AGE If LESS than and that death occurred on the date stated above, at ... t day,hrs. OR ? roperly BOCCUPATION (a) Trade, prefession, or particular kind of work (b) Beneral nature of industry. business, or establishment in (Duration) yrs.....mos.... may which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) (Duration) _____yrs.___mos. 10 NAME OF FATHER nama 20, 1914 11 BIRTHPLACE (State or country) K *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-AR TAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER Instructions 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 를 OR RECENT RESIDENTS) 13 BIRTHPLACE 2 At place In the OF MOTHER (State or country) of death yrs. mos, ds. State yrs, ____ mos, ___ ds. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death?.. Former or usuai residence... OF mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL CAUSI 15 20 UNDERTAKER REGISTRAR 0 ż If more blanks are needed, address State Registrar, JE. Franklin St., Balto., Remesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement applies to each and every person, irrespective of age tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illheen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: For persons

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ampie: Measles (disease causing death), valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Excer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuli, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Canor intercurrent) Never report 29 ds.;



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in a hospital or Institution give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. MARRIEO. 191 WIDOWED. (Year) (Month) (Day ORDIVORCEO Write the I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributor 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death _____ yrs. ____ mos. Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE It not at place of death? Former or (Intermant) usual residence DATE OF BURIAL (Address) 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits ean be known. The question eated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term ou the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal poritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Seuile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (discase causing death), 29 ds.; sepsis, totanus) may be stated under the head such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and eonsequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. Ilf death occorred in a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, (Month) (Day ORDIVORCED (Write the word) HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, 1 day hrs. OF DEATH* was as follows: OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment im (Doration) which employed (or employer) -certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER jo back 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 6 12 MAIDEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af piace In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State yrs. Where was disease contracted. MY KNOWLEDGE See if not at place of death?... Former or usual residence. Important. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address)..... 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospiual meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal schichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS N. B.

village or Gity County Earnette	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale White General White Write the word)	(Month) (Day (Year) WHEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day (Year)	1 1914, to 15, 1914, that Cast saw h = 2 alive on 2 and 1 5, 1914
# If LESS than 1 day,hrs. ORmin.? **Occupation (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at & Pm, The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH was as follows:
(b) General nature of Indostry, business, or establishment le which employed (or employer) **BIRTHPLACE** (State or country.)	Contributory Mithal manufactures Secondary
10 NAME OF FATHER Archibald Cameron 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed), 191 (Address), in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Colland.	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds Where was disease contracted.
(Informant) (Address) (Address) (Address)	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL
tyen 17 1914 191 Jegs & Dais	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St. Balto., Requesting V.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state oecupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Statement of occupation-Preeise statement of occupa-If retired from business, that faet may be indi-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of eause. Always qualify all diseases resulting from nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF MOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease eausing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: dent; Revolver wound of head-homicide; Poisoned The contributory (seeondary or intercurrent) State cause for



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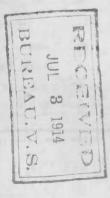
STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH County. Registration Dist. No. [If death occurred to a hospital or institution, give Ifs NAME Instead of sfreef and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. DATE OF DEATH 3 SEX MARRIEO, WIOOWEO, (Month) (Day OROIVORCEO (Write the word) 1 HEREBY CERTIFY, That I attended deseased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS fhan and that death occurred on the date stated above, at 1 day,.....hrs. The CAUSE OF DEATH * was as follows: OR mln. ? 6 OCCUPATION (a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in (Durafico) which employed (or employer) Contributory Secondary (State or country 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE In the At place OF MOTHER (State or country) of death _____ yrs. ____ mos. Sfate vrs. ___ mos. Where was disease confracted, If not at place of death? Former or usual residence. DATE OF BURIAL 15 20 If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobur pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.

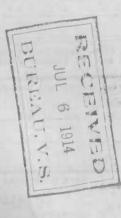
Village or City Mesterns	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in a hospital or institution,
*FULL NAME Martha Cha	rlotte Latham give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	1914, to my
(Month) (Day) (Year)	that I last saw h le A alive on June 3 1, 1914
7 AGE It LESS than 1 day, brs. yrs. mos. /6 ds. ORmin.?	and that death occurred on the date stated above, at
6 OCCUPATION (a) Trade, profession, or particular kind of work	Heir Demoket memories
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Westernfront Mid	(Secondary) (Duration) yrs
10 NAME OF FATHER & Latham 11 BIRTHPLACE	(Signed) M. D. M.
Z OF FATHER (State or country) Lew Morry Orty 12 MAIDEN NAME 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Durah Welsh 13 BIRTHPLACE OF MOTHER (State or country) Westernfront M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the form of the first order of the state of the s
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, it not at place of death?
(Informant)	Former or usual residence
(Address). Ellernfort of	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed MM 7 191 - 197 MILLAUS REGISTRAR	26 UNDERTAKER ADDRESS
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[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to thine and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meaningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medicai Association.) cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Pubbrural septichaecause. Aiways qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. injury, as fracture of skull and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. uant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) "Old Age," "Shock." "Senife." etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," 'Traemla," "Weakness," . (name origin; "Can Examples:



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1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.....

Ilf death occurred in a hospital or institution. give its NAME Instead

DATE OF BURIAL

of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ROUM (Month) (Year) ORDIVORGED (Write the word) (Day I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. mos..... OR 7 8 OCCUPATION (a) Trade, profession, or particular kind of work.... (b) General nature of industry, business, or establishment in (Duration) 9 BIRTHPLACE (State or country) Contributory.... Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. ARI 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE Af place In the OF MOTHER (State or country) Where was disease contracted, MY KNOWLEDGE THE BEST OF If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL

> REGISTRAR If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necthe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing meant (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronehopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



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WRITE	of infori DEATH See instr	147	THE ABOVE IS TRUE TO THE BEST OF MY KNOW	WLE	
3	oF nt. S		(Informant) Lucial Faces	27	
	- H		(Address) All Assuran	y	
	CAUS	1 5 Fli	ied June 16, 1914 Ff Char	u	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

[if death occurred in
a hospital or lostitutioo,
give its NAME instead
ef street and number.]

Village or City Cecco (No, *FULL NAME A A A A A A A A A A A A A A A A A A	St.; Ward) St.; Ward) a hospital or lostitution, give its NAME instead of street and number.}
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White STREET (Write the word) Bate of BIRTH Manuel (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 1 LESS than 1 day, Mrs. 33 yrs. // 3 ds. OR min.?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind et work (b) General nature ef industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 6 ds.
OF FATHER 10 NAME OF FATHER 11 BIRTHPLACE (State or country) 2	(Signed) (Deration) 2) yrs mos ds. (Signed) (Si
of Mother Packet Folk 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Auchel Falk Logdon	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds. Where was disease contracted, If not at place of death?
(Address) new Sermany Flied Jana 16, 1914 For Charle	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

fication, as Day laborer, Farm laborer, Laborer—Coal additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. material worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative realthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the As examples:

Statement of cause of death—Name, first, the disease causing death—name, first, the disease causing death—name affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, periionaeum, etc... Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL scplicharcause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nuus," "Old Age," "Shock," "Uraemia," "Weakness," genltal," "Senile," etc.), "Dropsy," ample: Mcasles (disease causing death), 29 sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Con thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephrtitis nant ncoplasms); Measles; Whooping cough; Chronical cer" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Bronchopncumonia (secondary), 10 ds. The contributory (Recommendations on statement of (secondary or intercurrent (name origin; "Can "Exhaustion, Never report Examples d8.



state SICIANS should occupation is PHYSICIANS RECORD PERMANENT 4 INK-THIS AGE pe supplied UNFADING may 0 WITH pino PLAINLY, plsin See Instructions _ WRITE 00 0 Every Item CAUSE OF Important.

1 PLACE OF DEATH 6 ll moult PERSONAL AND STATISTICAL PARTICULARS S SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOW EO, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) It LESS than t day,hrs. OR min. ? GOCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral natura of industry, businass, or astablishment in which amployed (or employar) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

.....Ward)

[It death occurred in a hospital or institution, give its NAME instead of street and number. I

	MEDICAL CERTIFICATE OF DEATH	
-	(Month) (Day) (Year)	4
	17 HEREBY CERTIFY, That I attended deceased fro	
	Jun 10 th 1914, to for 134 1914	
	that I last saw h allve on ,191	
	and that death occurred on the data stated above, at	m
	The CAUSE OF DEATH* was as follows:	
-		
4	Junetin Moth Sycrotion	
	M Mociota ga Hemourha	-
	& liber follows. (Deration) tel yrs. 10 mos th	
-	Contributory(Secondary)	
	(Beratign) yrs mos.	ds
-	(Signed) , W. Address) P. C. T.	0
7	*State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.	-
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN	75
	OR RECENT RESIDENTS) At place in the	
	of death yrs, mos, ds. State yrs, mos,	ds
	Where was disease contracted, If not at place of death?	
	Former or usual residence	
1	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL	
	1/24-1411/2011 - MIS 6/18 , 191.	4

0 ż

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

14 THE ABOVE IS TRUE TO THE

(Address).....

(Informant)

15

MY KNOWLEDGE

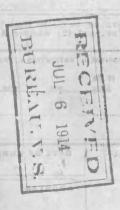
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also, (b) cases, especially in Industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, Irrespective of age. ness of various pursuits can be known. The question tion is very Important, so that the relative healthful-Servant, Cook, Housemaid, etc. the nature of the business or Industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be eutered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has As examples For persons "Foreman," (0)

Statement of cause of death—Name, first, the dispass causing death—Name, first, the dispass causing death—Name, first, the dispass causing death respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrossinal fever (the only definite synonym is "Epidemic cere-tirospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carein-

sample: Measles (disease causing death), valvular heart disease; Ohronic interstitial nephritis affection need not be stated unless important. etc. The contributory (secondary or intercurrent) nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailgoma. Sarcoma. etc., oI .. cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asinjury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS Probably mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." tetanus) may be stated under the head (Recommendations on statement of (name origin; "Oan-Examples:



V. S. No. 1.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCGUPATION is very RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT See instructions on back of certificate. item of information should be CAUSE OF Important. N. B.-

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No..

Ward)

Ilf death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH June 7, 1914 (Month) (Day (Year)
B D/	ATE OF BIRTH Mos. 3 , 1890. (Month) (Day (Year)	that I last saw him alive on June 6, 1914,
TAC		and that death occurred on the date stated above, at 8 2 m. The CAUSE OF DEATH* was as follows:
(a) par (b) bus	CCUPATION) Trade, protession, or ricular kind of work	(Duration) 2 yrs. mos. ds.
	(State or country) M.C.	Contributory Julier Received of Carry Secondary (Quration) yrs Q mos. ds.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	(Signed)
PAREN	12 MAIDEN NAME OF MOTHER (()	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place In the ot death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
15 Fil	(Address) Grand Para St. 100 June 8, 1914 Leom Cavanagh M.D. REGISTRAR	DATE OF BURIAL Lesablev 20 UNDERTAKER ADDRESS LEINEL ML.

[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Leafer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The who have no occupation whatever, write None, cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. "Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: The contributory Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head (secondary or intercurrent) State cause for



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state

EXACTLY.

5446 1 PLACE OF DEATH STATE OF MARYLAND Very CERTIFICATE OF DEATH 70 0 SICIANS shoul Registration Dist, No ... Ilf death occurred in Village or City -Ward) a hospital or institution. give its NAME Instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY. That I attended deceased from 17 DATE OF BIRTH classified. (Month) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. was as follows:mos. OR min. ? properly 8 OCCUPATION (a) Trade, profession, or particular kind of work. be (b) General nature of Industry, business, or establishment in may (Duration) which employed (or employer) ----certificate. BIRTHPLACE Contributory Secondary (State or country) that 10 NAME OF FATHER (Signed) 20 90 11 BIRTHPLACE terms, (Address) FNI OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) hether Accidental, Suicidal, or Homicidal. AR 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) EATH of death yrs. mos. State Where was disease contracted. 14 THE ABOVE IS THUE See If not at place of death?..... 50 Former or Item CAUSE OF usual residence. 19 BLACE OF BURIAL OF REMOVAL DATE OF BURIAL Every 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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REC	PHY:	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHY: CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C Important. See instructions on back of certificate.	
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	PERSO	ONAL AND STATISTIC	CAL PARTICUL	.ARS	MEDICAL CERTIFICATE OF DEATH
3 SE	emale	4 COLOR OR RAGE White	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the W	ord) Single	16 DATE OF DEATH 6 /0 ,1912 (Month) (Day (Year)
7 A C		(Month)	(Day	(Year) If LESS than 1 day,hrs. ORmln.?	that I last saw h alive on grand S 1914, and that death occurred on the date stated above, at 5.30/4 m, The CAUSE OF DEATH* was as follows:
(b) bus whi	Trade, protession rticular kind of was General nature liness, or establish employed (or RTHPLACE (State or con	ork NOTIE of Industry, lishment In employer)			Contributory Secondary (Duration) yrs. 8 mos. ds.
ARENTS	10 NAME O FATHER 11 BIRTHPI OF FAT (State of	George E	yland		*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
		S TRUE TO THE BES Mis o, Micu	ni Cie	MLEDGE how g And Basig REGISTRAR	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death Agyrs. A mos. ds. State yrs. Mos. ds Where was disease contracted, If not at place of death? Former or osual residence. 19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL 20 ONDERTAKER ADDRESS trar, 6 E. Franklin St., Balto., Requesting V. S. O. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illgainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. "Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Gotton mill; (a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid diseasent): Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "IDanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death). 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial stephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATH'S state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viogenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



V. S. No. 1.

N.B.

Very PHYSICIANS should state Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS

PLACE OF DEATH 5448	STATE OF MARYLAND
County allegany	STATE OF MARYLAND CERTIFICATE OF DEATH
n -t	Registration Dist. No.
Village or City Ourhy (No,	St.; Ward) [If death occurred in a hospital or institution,
2FULL NAME MA	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Color or RACE Single, MARRIED, WIDDWED, DRDIVORCED (Write the word)	16 DATE OF DEATH June 24, 1914 (Month) (Day (Year)
B DATE OF BIRTH	17 I HEREBY GERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw him alive on June 23 ,1914.
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, atm,
yrs mos. 2 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, protession, or	to The Seemed to have
particular kind of work	been some bronchine obstruction
(b) General nature of industry, business, or establishment in which employed (or employer)	atelectasis (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) allegany Co. h. x	Gentributory Secondary (Baratian) was man do
10 NAME OF Frank Maynede	(Signed) A. Boncher, M. D.
	June 24,1914 (Address) 1 Salon Ind
11 BIRTHPLACE OF FATHER (State or country) Jantle hel	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Estilly Shuhart	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
13 BIRTHPLACE OF MOTHER (State or country) Alley; & h.	At place in the of death yrs mos ds. State yrs, mos ds
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Interment) Fruit Maguela	Former or usual residence
(Address) Bartin his	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	ally, Co Lamel Hile Ceruit. June 24, 1914
Filed June 24, 1914 Della Bruche	20 UNDERTAKER ADDRESS
REGISTRAR	a, J, vod Warton

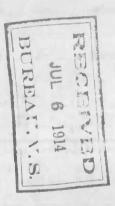
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return -Precise statement of occupa-"Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canmia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Ilaemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. "Contributory." The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should a CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND Allegany CERTIFICATE OF DEATH Registration Dist. No.... Ilf death occurred in a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH MARRIED, N (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Moni (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at lo 1 day.....hrs. The CAUSE OF DEATH * was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country) of death yrs. mos. ds. State yrs, ____ ds Where was disease contracted. 14 THE ABOVE 15 If not at place of death?.... Former or usuai residence 15 20 UNDERTAKER ADDRESS REGISTRAR If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";)- Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puenperal septiehacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) "Exhaustion," For VIO-



[Approved by U. S. Census and American Public Health
Association.]

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Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc... Carcin-

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A CAUSE OF I

1 PLACE OF DEATH

5451



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City Control (No. 3' 1)	St.; Ward) [It death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17.2 I HEREBY CERTIFY. That I attended deceased from
Month) (Day (Year)	that I last saw h Nailve on Jame 22, 1914,
7 AGE If LESS than 1 day,hrs. yrsmosds. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) 10 NAME OF FATHER 11 BIRTHPLACE** OF FATHER	(Buration) yrs mos 3 2 ds. Contributory Secondary (Buration) yrs mos ds. (Signed) Prevale 1. D. June 2, 191 4. (Address) 27 Green 2.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
(Address) 15 JFRed N 23 1914, 191 REGISTRAR If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Para 6 E. Franklin St. Reviewing V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. the nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

genital," childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vromia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis. nant neopiasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as The contributory Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," Measles (disease causing (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; "Exhaustion,"



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN

Ounty allegant	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City I maconing (No	St.; Ward) [it death occurred in a hospital or institution, give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, OR DIVORCED (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH Dec 12th, 1866	that I last saw have allive on 191 4
7 AGE (Month) (Day (Year) 1 t LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	Industry coursed by fall of
business, or establishment in which employed (or employer)	Contributory Private mus 2 ds
10 NAME OF FATHER Phomas buller 11 BIRTHPLACE	(Signed) 1 tung tra Holgs M. D Jane 2, 191 4 (Address) Long and
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) & collaid	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds Where was disease contracted,
(Informant) A A A	It not at place of death? Former or usual residence.
(Address) Dicesoft. Filed Line 2 1914 JO Bullsoft. FREGISTRAR	19 PLACE OF BURIAL OR REMOVAL WARTE OF BURIAL ONACUMAGNAM 20 UNDERTANTE ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Frankin St., Balto, Requesting V. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many cated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Crocery; (a) Foreman, (b) Automobile factory. The it should be used only when ueeded. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupatious a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tiou is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meniugitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), theuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inapition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



N. B.—Every item of information should be carefully supplied, AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No. 1.

CERTIFICATE OF DEATH Registration Dist, No. [If deeth occurred is a hospital or institution, give its MAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED,
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH (Month) (Mo
TAGE A COLOR OR RACE S SINGLE, MARRIED, WIDOWED, WIDOWED, (Worth the word) 10 Day (Wonth) (Day (Year) 11 DATE OF DEATH (Month) (Day (Year) 12 I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year) (Month) (Day (Year) (Month) (Day (Year) TAGE If LESS than 1 day, hrs.
MARRIED, WIDOWED, ORDIVORCED (World) 6 DATE OF BIRTH Coh 25 (Month) (Day (Year) TAGE If LESS than 1 day, hrs. The CAUSE OF DEATH was as follows: 6 OCCUPATION (a) Trede, profession, or
THEREBY CERTIFY, that I attended deceased from S 191 % to 3 191 %
TAGE (Month) (Day (Year) If LESS than 1 day, hrs. OR min.? GOCCUPATION (a) Trede, profession, or
GOCCUPATION (a) Trede, profession, or
GOCCUPATION (a) Trede, profession, or
(a) Trede, profession, or
(b) General nature of industry,
business, or establishment in Bo O 19-19. (Duration) yrs mos 3 ds.
(State or country) Contributory Secondary Contributory Secondary
10 NAME OF FATHER and Miller (Signed) ENB Clay 10 Mos. ds. (Signed) 10 NAME OF AND CO.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER OF MOTHER
(State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
OF RECENT RESIDENTS) At place of death yrs. mos. state yrs. mcs. ds.
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Best of My Knowledge (Informant) Best of My Knowledge Former or
(Address) & R USUAL DATE OF BURIAL OR REMOVAL DATE OF BURIAL
FINALIN 2 191481 Jacoh Allind Jounness ADDRESS
If more blanks are needed, address State Registrar, o E. Franklin St., Ballo, Requesting V. S. No. 18

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an additional line is provided for the latter statement; who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ecr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



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applies to each and every person, irrespective of age. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine,_etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement: the nature of the business or industry, and therefore all essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfuleated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. been changed or given up on account of the nisease Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

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oma, Sarcoma, etc., of..... (name origin; "Canvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State eause for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (seeoudary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Seuile," etc.), "Dropsy," "Exhaustion," may be stated under the head of (Recommendations on statement of or monicidal, or as probably



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WRITE PLAINLY, WITH

Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back o

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state. DEATH in plain terms, so that it may be properly classifled, Exact statement of OCCUPATION is very See instructions on back of certificate.

PERMANENT

V. S. No. 1.

5455 1 PLACE OF DEATH



STATE OF MARYLAND CEPTIFICATE OF DEATH

Got	untyA.	llegany	•••••	The.	2	Registration Di	st. No.
Vill		Cumberland		ullin	Paca	St.;Ward	[If death occurred In a hospital or Institution, give Its NAME Instead of street and number.]
		ONAL AND STATISTI			II.	EDICAL CERTIFICATE	OF DEATH
3 _{Si}		4 COLOR OR RACE White	5 SINGLE, MARRIED,	Widow	16 DATE OF DEAT	(Month)	Day (Year)
	ATE OF BIRT	H Aug.		, 1.849 (Year)	that I last saw h	1914, to Ja	ue 19, 1914
(a) pai (b)	CCUPATION Trade, protession ticular kind of w General nature	n, or ork None of Industry,	mos. 22 ds.	it LESS than i day,hrs. ormin.?	and that death occ The CAUSE OF D	curred on the date state EATH* was as follows:	ed above, at
whi	iness, or estab ch employed (or RTHPLACE (State or cou	employer)		04000000	Contributory Secondary	B- 11.	yrs mos de
S	10 NAME O FATHER	F	Ruppert		(Signed)	The KI	whole has
PARENTS	13 BIRTHPLACE OF MOTHER (State or country)			//		or, in deaths from Violent and (2) whether Acciden	
14 7				At place of death yrs Where was disease co if not at place of death Former or	In the mos ds. State		
15 Fil	THE S	2 1 14 Jay	of Stree	Say. REGISTRAR		all Cem	June 22,191 4 Address City

If more banks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease Housewife, Housework, or At Home, and children, not (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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naut neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaegeuital," "Senile," etc.), "Dropsy," "Exhaustiou," mere symptoms or terminal conditious, such as "Asample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for canse. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the nuns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. The contributory (Recommendations on statement of (secondary or intercurrent)



BINDING RESERVED MARGIN

No. 1. vi

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RECORD properly classified. Exact statement PERMANENT stated EXACTLY. should be UNFADING INK-THIS AGE carefully supplied. may be See instructions on back of certificate. PLAINLY, WITH Every Item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of

PHYSICIANS should state of OCCUPATION Is very

5456 1 PLACE OF DEATH County



(No....

STATE OF MARYLAND CERTIFICATE OF DEATH

registi ation	Dist.	110	**********
		Tif death	occurre

...St.;.....Ward)

d in a hospital or institution,

	PERSONAL AN	D STATISTICA	L PARTICULA	IRS	MEDICAL CERTIFICA	TE OF DEATH
SE	21 2010	500000000000000000000000000000000000000	MARNIED, WIDOWED, ORDIVERSED (Write the WO	heed	16 DATE OF DEATH (Month) (Day (Year) That I attended deceased from
DA	TE OF BIRTH	6— (Month)	/4/	, 1914 (Year)	that I last saw hall alive on	6-14, 1914
A G	0	yrs mo:	sds.	if LESS than 1 day,hrs.	and that death occurred on the date The CAUSE OF DEATH* was as follows:	
(a) 1 part (b)	CUPATION rade, profession, or cular kind of work General nature of industry, ess, or establishment in			***************************************	AND JOAN	
BIF	employed (or employer) THPLACE State or country) TO NAME OF FATHER	mol	leet		Contributory Mossing & Becondary	n) yrs mos ds
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant)		*State the DISEASE CAUSING DEA: CAUSES, state (1) MEANS OF INJUITAL, SUICIDAL, OF HOMICIDAL.	TH or In deaths from West war			
		of death yrs mos ds. Where was disease contracted, If not at place of death? Former or	n the State yrs, mos, ds			
5	(Address). Talk	Lussim	A 711	1	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: ness. If retired from business, that faet may be indl-CAUSING DEATH, state occupation at beginning of illbeen ehanged or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report speelfically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oeenpations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Preeise statement of oeeupa-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemile eerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

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CERTIFICATE OF DEATH Registration Dist. No. Contributory	PLACE OF DEATH 5457	STATE OF MARYLAND
Village or City Culture College (No. 06. St: Ward) PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX COLOR OR RACE SINDLY, MARKE PERSONAL AND STATISTICAL PARTICULARS ODATE OF BIRTH SAME TO DATE OF BIRTH TO DATE OF BIRTH TO DATE OF BIRTH TO DATE OF BIRTH SAME TO DATE OF BIRTH SAME TO DATE OF BIRTH SAME TO DATE OF BIRTH TO	Manageria	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS SEX **COLOR OR RACE SANOLE. SANOLE. (Month) Date of BIRTH TAGE **INCLE. (Month) **COLOR OR RACE SANOLE. (Write the word) **DATE OF BIRTH **INCLE STATE ST		~ // /
PERSONAL AND STATISTICAL PARTICULARS PERSONAL AND STATISTICAL PARTICULARS SEX **COLOR OR RACE **Male **THE ABOVE IS TRUE TO THE BEST OF MY MOWLEDGE (Morts) **SEX **COLOR OR RACE **SUNCES, ORDINARY **SEX **MEDICAL CERTIFICATE OF DEATH **TO DEATH **STATE OF DEATH **TO DEATH **STATE ORDINARY **STATE OR DISPASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSINS, STATE (1) MINIORS, OR INJURY; and (2) whether ACCIDENTARS, SUICIDAD, OF INJURY; and (2) whethe	Village or City Cumberland (No. 106,	give its NAME instead
AGE AGE AGE AGE AGE AGE AGE AGE	2FULL NAME Sufaut	of street and number.
Male Staticu woods of the word of the state of the word of the word of the state of the	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ODATE OF BIRTH TAGE Committee Commit	MARRIEO, VIII 8	. 191
TAGE (Month) (May (Year) II LESS shah 1 day,		
II LESS than 1 day	June 27 1914	
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of indestry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 11 BIRTHPLACE (State or country) 12 MAJDEN NAME OF MOTHER OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE (Informant) 15 CAUSES, State (1) MEANS OF INJURY, and (2) whether Accidence of Mother (Informant) 16 THE ABOVE IS TRUE TO THE BEST OF MY NOWLEDGE (Informant) 18 DIAGRAGE CAUSING DEATH, or, in deaths from VIOLENT OF RECENT RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (FOR HOBPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENCE (Gestle) (Informant) 18 THE CAUSE OF DEATH* was as follows: (Ourallon) (Ourallon) (Signed) (Sig		
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(Informant) (Address)	OF MOTHER	At place in the ot death yrs mos ds. State yrs mos ds
(Address) (Address) 19 PLACE OF BURIAL OR REMOVAL 16 Nelled 1914 ADDRESS REGISTRAR REGISTRAR OLIVE ALLEY ADDRESS	Dan Di Eint.	If not at place of death?
Nelled 1914 Resistant Price Steer Carlos	Shinder 11	
the state of the s	Nelled 1914 to factoh & Sais	
		trar, 6 E. Franklin St. Ralto, Requesting V. S. V.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question "Manager," "Dealer," etc., without more precise speciit should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers statement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (d)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent) death), 29 ds.; State cause for



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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No ... Ward) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S STRELE. 18 DATE OF DEATH MARRIED. WIDOWED (Month) ORDIVORCED WORD / HEREBY CERTIFY, That I attended decessed from DATE OF BIRTH that I last saw h we silve on (Month) (Day (Year) TAGE It LESS than and that dasth occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory. (State or countr Secondary (Duration) 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or count) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country in the ot death yrs. mos. Where was disease contracted. It not at place of death? usuai residence. 19 PLACE OF BURIAL OR REMOVAL (Address) 15 UNDERTAKER

REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

fif death occurred in

hospital or institution give its NAME Instead ot street and number.]

(Day

DATE OF BURIAL

ADDRESS

A..., 191.X

1915

(Year)

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as mine, etc. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for etc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: childbirth or misearriage as "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-CCEDENTAL, SUICIDAL, or HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," may be stated under the head (Recommendations on statement of "Puerperal septichae



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PLACE OF DEATH 5459 County Alleyaux Village or City Come of (No. 22) 2FULL NAME Many No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [if death occurred is a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Junale Hite Single, Married, Wiowed, Word (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY. That I attended deceased from
9 DATE OF BIRTH 22., 1846 (Month) (Day (Year)	June 26 , 1914, to Junes 26 , 1914, that I last saw her alive on June 26 , 1914
TAGE If LESS than 1 day,hrs. ORmin.?	The CAUSE OF DEATH* was as follows: Toplement & Should follow:
(a) Trade, protession, or particular kind of work. (b) General nature of industry,	(Buration) vrs. mos 1/2 ds.
which employed (or employer) BIRTHPLACE (State or country) Market Residual Residua	Gontributory Strangalster Herria
10 NAME OF FATHER SO MET KNOW	(Signed) Shas A Toward, M. D.
OF FATHER (State or country) // // // // // // // // // // // // //	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place allegany for the of death yrs. mos. ds. State yrs. mos. /2 ds
14 THE ABOVE IS TRUE TO THE SEST OF MY KNOWLEDGE (Informant) TANK	Where was disease contracted, Pan Jon Mc Valle of death?————————————————————————————————————
(Address) Law	19 PLACE OF BURIATOR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS V

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

Housewife, Housework, or At Home, and children, not applies to each and every persou, irrespective of age. additional live is provided for the latter statement; ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, e. g., tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, Farmer or Planter, "Foreman," engineer,

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection necd not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ture of the American Mcdical Association.) "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of For vio-



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PHYSICIANS should state of OCCUPATION is very Exact statement PERMANENT EXACTLY. stated ciassified. be should UNFADING INK-THIS properly ACE supplied. pe may certificate. carefully that 80 0 be back terms, should 0 PLAINLY, plain See Instructions Information Ë DEATH WRITE

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TAGE

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DATE OF BIRTH

BOCCUPATION (a) Trade, profession, or

particular kind of work

9 BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

(Address)

OF MOTHER

OF FATHER (State or country)

(b) General nature of industry. business, or establishment in

which employed (or employer)

1 PLACE OF DEATH



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

West ma Hos St.;....Ward)

[It death occurred la a hospital or Institution, give its NAME instead

ot street and number.]

PERSONAL AND STATISTICAL PARTICULARS

4 COLOR OR RACE

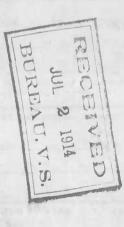
AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
COLOR OR RACE SINGLE, MARRIED, WIDOWER, ORDIVORES	16 DATE OF DEATH (Month) (Day (Year)
De Write My Wowed	1T I HEREBY GERTIFY, That I attended deceased from 21, 191 4, to True 28, 191 4,
(Month) (Day (Year)	and that death occurred on the date stated above, at m.
yrs 6 mos 27 ds 0 mln.?	The CAUSE OF DEATH* was as follows:
Labour stry,	Cerebral Hemorrhage
of in Est	Contributory arture acleus
ma	Secondary (Duration) 3 yrs mos ds.
Mukrow	(Signed) , M. D. , M.
intry) 4	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
q	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the
UE TO THE BEST OF MY KNOWLEDGE	of death yrs. mos. 9 ds. State yrs. mos. ds Where was disease contracted, If not at place of death? ### April 19 Prince of death?
Mush	Former or usual residence. 43
AND ADD	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL NOSE HELE CELL MILE, 191. 4
191 alph REGISTRAR	Louis Stew City
If more blanks are needed, address State Regist	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupatious who receive a definite salary), may be entered as duties of the household only (not paid Housekeeper's statement. Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquallfied, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cansepsis, tctanus) may be stated under the head ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; cause of death approved by Committee on Nomencia. "Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent) State cause for



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PHYSICIANS should state of OCCUPATION is very Every item of information should be carefully supplied. AGE should be stated EXACTLY. I CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement important. See instructions on back of certificate. PERMANENT 4 UNFADING INK-THIS IS PLAINLY, WITH WRITE n

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5461 1 PLACE OF DEATH Village or CityLL

(No.....

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

If death occurred in a hospital or Institution, give its NAME instead

2FUI

FULL NAME JOSEPH Cal	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RAGE 5 SINGLE, MARRIED, WIDWED, WIDWED, ORDVORCED (Write the word)	16 DATE OF DEATH 6 — 9 ,1914 (Year)
7 - 17 , 185 8	that I last aaw have alive on 6/9 1914
(Month) (Day (Year) AGE If LESS than 1 day,hrs. OR min. ?	and that death occurred on the date stated above, at 4 0 m The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER	(Signed) (Duration) yrs mos ds (Signed) M. D. Lewis M. D. D. D. Lewis M. D.
12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 13 King of the country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	of death
(Address) Fied 191	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
REGISTRAR	strar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every persou, irrespective of age. tiou is very important, so that the relative healthfulcated thus: Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foremau,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Causepsis, tetanus) may be stated under the head of injury, as fracture of skull, and cousequences (e. g., which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, LENT DEATHS State MEANS OF INJURY and qualify as is less definite; avoid use of "Tumor" for mally-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," etc.), (Recommendations on statement of or Homicidal, or as probably "Dropsy," "Exhaustion,"



v. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Weslernskort (No. 2FULL NAME Charles Penfor	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male While Write the word	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended degreesed from 191 H, to MML 191 191
(Month) (Day) (Kear)	that I last saw h Mu alive on Mul 3 1 1914
7 AGE (Month) (Day) / Kear) 7 AGE If LESS than 1 day, brs. OR	and that death occurred on the date stated above, at 1130Am. The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs mos/3 ds.
9 BIRTHPLACE (State or country) Leusenhames	Contributory Stewart (Secondary) (Buration) yrs/ mos/Ods
10 NAME OF FATHER CHILLIANY J. Conford. 11 BIRTHPLACE OF FATHER (State or country) CLISCIC. 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) M. D. State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER Pales Sendry 13 BIRTHPLACE OF MOTHER (State or country) Surgence	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant Mess Clester for MY KNOWLEDGE) (Address) Westerrefeat MIX	Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Aides. Welstennessen June 30, 1814
Filed Mul 2 191 REGISTRAN REGISTRAN If more blanks are needed, address State Regis trar, 6	20 UNDERTAKER LITTER RESIDENCE COLORESS E. Franklin St., Balto., Requesting V. S. No. 1

[Approved by U. S. Census and American Fubile Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." scpsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrement scotichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the nus," "Old Age," "Shock," 'Traemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Hart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. ture of the American Medical Association.) Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of __ injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent; (Recommendations on statement of may be stated under the head ... (name origin; "Can Examples:



BINDING FOR RESERVED MARGIN

S. No. 1.

N. B.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 16 DATE OF DEATH 17 I HEREBY CERTIFY, That I attended deceased for the state of th
Female White word 17 I HEREBY CERTIFY. That I attended deceased for
(Month) (Day) (Year) that I last saw he alive on May 9cf 191
TAGE It LESS than 1 day, hrs. 1 day,
(b) General nature of Industry, business, or establishment in which employed (or employer)
State or country) Pennel (State or country) (Secondary) (Duration yrs mos
Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Signed)
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIER OR RECENT RESIDENCE) In the of death yrs. mos. ds. State yrs, mos
(Informant) (Address) (Address)

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.). been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. material worked on may form part of the second Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: For persons (0)

Statement of cause of death—Name, first, the disease causing death—In always affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

which surgical operation was undertaken. For viomia," "Puenpenal peritonitis," etc. State cause for childbirth or miscarriage. as "Purrpural septichae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," genital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic er" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) injury, as fracture of skull and consequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as mere symptoms or terminal conditions, such as "Asture of the American Medical Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Hart failure," "Haemorrhage," "Inanition," "Maras Bronchopncumonia (secondary), 10 ds. Never report The contributory "Senile," etc.), (Recommendations on statement of may be stated under the head (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can Examples:



V. S. No. 1.

N. B.

PHYSICIANS should atate of OCCUPATION is very

stated EXACTLY.

Every item of information should be carefully supplied. AGE should be s CAUSE OF DEATH in plain terms, so that it may be properly classified. Important. See instructions on back of certificate.

PLACE OF DEATH 5464 County allegany Village or City Cumberland (No. W. M.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) St.; Ward) St.; Ward a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 BINGLE, MARRIED, Without, ORDINORCED (Write the word) 6 DATE OF BIRTH June 21 1914	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 22 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914 1914
(Month) (Day (Year) 7 AGE It LESS than 1 day hrs. OR Mill.? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General pature of lodostry, business, or establishment in which employed (or employer)	that I last saw h
*BIRTHPLACE (State or country) maryland	Gontributory Secondary (Dyratico) yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) Llout Known (State or country) Llout Known (The March of Mother Many Revenues of Mother Mother Many Revenues of Mother Mother Mother Mother Mother Mother Mother Mother Mother Moth	(Signed) (Signed) (Address) (A
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) Cumbuland Ind. 16 UN 231914 Filed 181 OLDU P David	At place of death yrs mos ds. State yrs mos ds Where was disease contracted,

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dcaler," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal equiditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela-"Contributory." sepsis, tetanus) Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



S. No. 1.

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N.B.

PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF I

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

5465

1 PLACE OF DEATH

STATE OF MARYLAND

County liftegany	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Cumberland (No. 4/7, 2FULL NAME Infants	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RAGE 5 SINGLE, MARRIED, Surface Widowed, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH 23, 191 4 (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
8 DATE OF BIRTH	June 22, 1914, to show 23, 1914,
22,1914	, 1917, 10
(Month) (Day (Year)	that I last saw have alive on the 23 1914
7 AGE If LESS than	and that death occurred on the date stated above, at 7, m,
f day,hrs.	The CAUSE OF DEATH* was as follows:
8 OCCUPATION -	
(a) Trade, profession, or particular kind of work	Jen store very
(b) General nature of industry,	(7/2 montes)
business, or establishment in	(Duration) yrs. mos ds.
which employed (or employer)	
9 BIRTHPLACE (State or country) Mury Le 11	Secondary
10 NAME OF FATHER	(Signed) Julie 4 Transport of the Control of the Co
of 11 BIRTHPLACE OF FATHER	June 23, 1914 (Address) Dentur for Jan
11 BIRTHPLACE OF FATHER (State or country) MANUAL 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a helma tavelyn	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Interment) Thelina Alanotelleson	if not at place of death?
La Marta AMA	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address)	DATE OF BURIAL OR REMOVAL DATE OF BURIAL
16 0 211 4 42 1	10se Hul Cleu 0/27, 1814
Filed we dt, 1914/ Jes. L. Boradrub.	20 UNDERTAKER . ADDRESS
REGISTRAR	Louis Stein Gely.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salcsman, it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-If retired from business, that fact may be indi-Never return "Laborer," "Forcman," -Precise statement of occupa-As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronie interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgleal operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for



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PLAGE OF DEATH 5466 Gounty allegan Gity burned. PROBLEM Softwire Service Ser	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jewale White (Single, Married, Widowed, orbivorce)	DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH Tely: 1856 (Monday) (Day (Year)	that I last saw her alive on 1914
TAGE Soccupation (a) Trade, profession, or Tage If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at \$ P m. The CAUSE OF DEATH* was as follows:
particular kind of work. (b) General nature of Industry, business, or establishment in Which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Suration) yrs mos ds. (Signed) (Signe
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Informant)	18 LENGTH OF RESIDENCE (FOR HOSPITALS; INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs. mos. I ds. State 3 yrs. mos. ds Where was disease contracted, find at place of death? Former or
(Address) Crimbertand 15 Filed UN 219141 Jacker REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL OR REMOVAL 19 PLACE OF BURIAL 20 UN BERPAKER ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Raite., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-ness of various pursuits can be known. The question (a) Spinner, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, As examples: The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculossis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. ctc., when a dcfinite discase can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," incre symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Ex-



	County Alegany	STATE OF MARYLAND CERTIFICATE OF DEATH
	W 1.	Registration Dist. No.
	* FULL NAME POSS - TRAZAN	St.; Ward) St.; Ward) St.; Ward) St.; Ward) St.; Ward) Shockey [It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CENTIFICATE OF DEATH
2	Female Offite (Write the word)	18 DATE OF DEATH (Month) (Day) (Yeat) 17 I HEREPY CERTIFY, That I attended deceased from
	6 DATE OF BIRTH (Month) (Day), 1836 (Month) (Day) (Year)	that I last saw her alive on free 10 1914
	7 AGE 11 LESS than 1 day, hrs. 0R. mlo. ?	and that death occurred on the date stated above, at 430 pm, The GAUSE OF DEATH* was as follows:
	COCCUPATION (a) Trade, prefession, or particular kind of work (b) General nature of industry,	Chrone My Vardetes
	business, or establishment in which employed (or employer)	(Duration) Query mos. ds.
	State or country) Pennsylvania	(Secondary) (Dration) / ws mos ds
	10 NAME OF FATHER STORMAN	(Signation) Workfling , M.D.
	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
	OF MOTHER CHIEBROOM 13 BIRTHPLACE OF MOTHER (State or country) Permsulvaria	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the other control of the con
	informant) Allano B Shackey	Where was disease contracted, If not at place of death? Former or usual residence
	(Address) Laraconny, Mist.	Dafe Taill Laureging Jane 1911. 191. 191. 191. 191. 191. 191. 19
=	If more blanks are needed, address State Registran	The Ochhorn Hardening W. S. No. 1

A. .

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulshould be taken to report specifically the occupations duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as minc, etc. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal schichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accl -Hart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head of butory." (Recommendations on statement of "Senile," etc.), "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Examples: For viode.;



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS WRITE

5468

	PEAGE OF DEATH	STATE OF MARYLAND
	allie ans	CERTIFICATE OF DEATH
Co	unty	8
	V	Registration Dist. No.
1/21	lage or City Cumpuland (No. 13 & U	Vu Con [if death occurred in
AII	lage of City (No.	St.; ward) a hospital or institution,
	(/f.A///-	give its NAME instead of street and number.]
	FULL NAME (SILMOM	Inhaugh
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
3 \$	EX 4 COLOR OR RACE 5 SNIGLE,	16 DATE OF DEATH
	MARRIED, WIDOWED,	, 1914
	Write the word)	(Month) (Day (Year)'
8 D	ATE OF BIRTH	
	23 .911	7 191 4 to me 2 7, 191 4
	Month) (Day (Year)	that I last saw h alive on
TA	(202)	
	atel home 1 dayhrs.	and that death occurred on the date stated above, at
	yrsds. ORmin.?	The CAUSE OF DEATH* was as follows:
80	CCUPATION	
	Trade, profession, or	All for chief
	riicular kind of work.	
bus	General nature of industry, inoss, or establishment in	(B 0
	ch employed (or employer)	(Duration)yrsimos,ds.
9 B	RTHPLACE (State or country.)	GontributorySecondary
	allegame On In 1	
	10 NAME OF	(Doration) yrs mes ds.
	FATHER PARTY PARTY SI	(Signed) (P Lucus M.D.
S	11 BIRTHPLACE	June 94" to the way of the Am Do All
F	OF FATHER //	June 11, 1915 (Address) funtuland w
Ш	(State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
PARENTS	12 MAIDEN NAME OF MOTHER O. O.	TAL, SUICIDAL, OF HOMICIDAL.
Ω.	erua phront	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE,
	13 BIRTHPLACE	At place In the
	OF MOTHER (State or country)	of death yrs mos ds. State yrs, mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
July P Australia		Former or
	(Informant) Contract	usuai residence
	(Address) Permbuland	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		12/1/00 600 (1011)
	or June 24" soul Hear IN mora drush	20 UNDERTAKER ADDRESS
FII	Warren and the freshouse to the same and the	ADDRESS ADDRESS
	REGISTRAR	Louis Main Cely.
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

(a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day liborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age Statement of occupation-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," -Precise statement of occupa-As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a defiuite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Contributory." The contributory "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) Never report



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PLACE OF DEATH 5469	STATE OF MARYLAND
County allegany 340.	CERTIFICATE OF DEATH Registration Dist. No.
Village or City Wistersfort (No. 2)	St; Ward) [If death occurred a hospital or Institution give its NAME instead of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male while (Write the word) 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH 6 1912 (Month) (Day) (Year)
G DATE OF BIRTH GCOCK /6 , 1500 (Month) (Day) (Year)	that I last saw hanne alive on James 12 1915
7 AGE 13 yrs. 8 mos. 9 ds. ORmin.?	and that death occurred on the date stated above, at 9 = 9 = 9 = 1 The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) Genoral nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos./2
OF FATHER (State or country) Manyland Jaylor Jaylor Jaylor OF FATHER (State or country) Manyland Jaylor OF FATHER (State or country)	(Signed) (Deration) / yrs mos. 3 d (Signed) , M. I (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS) At place In the of death yrs, mos ds. State yrs, mos ds.
(Information (Address)	Where was disease contracted, If not at place of death? Former or usual residence
Filed Jan 14, 1914 From Melaux	20 UNDERTAKER ADDRESS
of more blanks are needed, address State Registrar	r, 6 E Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. Care fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not wbo receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative lealthful-Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. cbildbirth or miscarriage, as "PUTEPTERAL scptichaccause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," "Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronical ter" is icss definite; avoid use of "Tumor" for mails ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Hart fallure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) (name origin; "Can State cause for Never report Examples: For vio-



PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ? DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. N. B.—Every Item o CAUSE OF I

1 PLACE OF DEATH

5470



STATE OF MARYLAND

County alla grands	CERTIFICATE OF DEATH Registration Dist. No
Village or City May Jones (No. 2)	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SHINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	Month) (Day (Year) 17 I HEREBY SERTIFY, That I attended deceased from
Month (Day (Year)	191/2, 191/1, to June 9 , 191/2, that I last saw hell alive on free 9 - , 191/4.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12
6 OCCUPATION (a) Trada, profession, or particular kind of work (b) General nature of Indostry, business, or establishment in	Aortio insufficiency
Mich employed (or employer) ** **BIRTHPLACE (State or eountry) ** **Mach** ** **Mach** ** ** ** ** ** ** ** ** **	Contributory Secondary (Duration) yrs mos, ds.
10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) Af place In the of death yrs mos ds. Where was disease contracted.
(Informant)	If not at place of death?
(Address) January 2 Januar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registra, 6 E. Franklin Sc., Balto., Requesting V. S. No. 1.

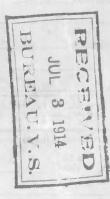
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or fudustry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged lu domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when ueeded. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—It respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (uver report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acci LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent) State cause for



Village or City 19 19 19 19 19 19 19 19 19 19 19 19 19	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF PEATU
Male White Salvager Married Stander, Married, Wisomer, Married ORDINARCE (Write the word)	MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from 1914 to 3, 1914
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.? 8 OCCUPATION (a) Trade, profession, er particular kind of work (b) General nature of industry,	and that death occurred on the date stated above, at
business, or establishment in which employed (or employer) **BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER CSPATHER 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) *State the DISEASE CAUSINO DEATH, OF, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TAUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address) (Address)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs, mos. 2 ds. State yrs, mos. 6 ds Where was disease contracted, If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL 7, DATE OF BURIAL 39 UNDERTAKES ADDRESS
If more blanks are needed, address State Regist	rar, 6 E. Branklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

wine, etc. Women at home, who are engaged in the onties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. who have no occupation whatever, write None. eated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the oecupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

genital," thenia," "Anaemia" (mcrcly symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septiehacetc., when a definite disease can be ascertained as the mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Maras-"Coilapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping eough; Chronic cer" is less defluite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medieai Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: by earbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eansing death), 29 ds.; "Senile," etc.), may be stated under the head of (Recommendations on statement of "Dropsy," "Exhaustion," Never report



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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is verimportant. See instructions on back of certificate.
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1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No... Ilt death occurred la a hospital or Institution, give its NAME Instead ot street and number. I PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIEO. WIDOWED. (Month) (Dav (Year) ORDIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from that I last saw have, allve on... (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t dayhrs. The CAUSE OF DEATH* was as follows: OR ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duration) 10 NAME OF FATHER (Signed) 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 68 OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE If not at place of death?-Former or (Informant). usual residence 19 PLACE OF BURIAL OR REMOVAL DATE O (Address)..... 20 UNDERTAKER ADDRESS REGISTRAR

1f more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, Or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal scottichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Scnile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medicai Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

ounty Allegalery (13) Village or City Hesternkersh (No. 2) Page 2701L NAME Raymand	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE 5 SINGLEY MARRIEO, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 1 HEREBY CERTIFY, That 1 attended deceased from
B DATE OF BIRTH March 1/	8 May 5 , 1912, to 6 hour 2- , 1912,
(Month) (Day (Yes	than and that death occurred on the date stated above, atm,
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which amployed (or employer)	(Duration) yrs. mos. 22. ds.
9 BIRTHPLACE (State or country) Westernskoch Ma	Contributory Secondary (Duration)
11 BIRTHPLACE	(Signed) The Sanson D. D. (Address) Sedmans DE
Constant of Country) Structured Charles of Maiden NAME of MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF M. KNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
(Informant) Margaret Maley	If not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Cof 3-, 191 - Mallaux REGISTER	20 UNDERTAKES APORESS

[Approved by U. S. Census and American Public Health Association.]

dutles of the household only (not paid Housekeepers "Manager," "Dealer," ctc., without more precise specistatement. Never return "Laborer," the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mitl; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first ilne will be sufficient, c. g., Farmer or Ptanter, For many occupations a single word or term on the Servant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic thenia," "Anaemla" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. valvular heart disease; Chronic interstitiat nephritis, oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skuli, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS STATE MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanttion," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Puerperal peritonitis," etc. State Aiways qualify all diseases resulting from "Senile," ctc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; cause for



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	1 PLACE OF DEATH 5474 (04)	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty acquiring	Registration Dist, No.
Vi	Hage or City Westernfrom Ho. Vine 2 FULL NAME John Frans	[It death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	Male Marte Single, Marrier, Wilower, Widower, Wilower, Wilower, Wilower, Wilower, Wilower, Write the word) ATE OF BIRTH MANCH # 1849	18 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 1914, that I last saw hours alive on Many 1914.
	Month) 4 (Day) /8 7 Year) GE 11 LESS than t day,brs. ORmin.?	and that death occurred on the date stated above, at
(b) busi whice	General nature of Industry, iness, or establishment in ch employed (or employer) RTHPLACE tate or country)	(Ouration) yrs. mos. ds. Contributory (Secondary) mos ds
PARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS; OR RECENT RESIDENTS) At place In the ot death
15	(Address) Nester whort Ad.	Former or usual residence. 19 Tace of Burial Or Removal Date of Burial 20 UNDERTAKER ADDRESS
=7	O It more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

duties of the household only (net paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer or Planter, For persons

Statement of cause of death—Name, first, the dibease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." (Recommendations on statement of sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway trainsuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL perilonitis," etc. State cause for childbirth or miscarriage. as "Puerperal scptichae. cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Kart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measics; Whooping cough; Chronic The contributory (secondary or intercurrent) "Old Age," "Shock." may be stated under the head "Taemia," "Weakness," (name origin; "Can Examples:



V. S. No. 1.

N. B.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

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5475 STATE OF MARYLAND 1 PLACE OF DEATH allege. CERTIFICATE OF DEATH

Go	unty	9
Vil	lage or City FrittingNo./),	Registration Dist. No. [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	²FULL NAME	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 \$	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, ORDIVORCE (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY. That I attended deceased from
	(Month) (Day (Year))	that I last saw h alive on Salal all, 191
TA	The state of the s	and that death occurred on the date stated above, at
	1 day,hrs.	The CAUSE OF DEATH* was as follows:
(a	CCUPATION) Trade, profession, or ricular kind of work	Stellery
bus) General nature of Industry, siness, or establishment in ich employed (or employer)	(Duration)mosds.
8 B	IRTHPLACE (State or country)	ContributorySecondary
Ī	10 NAME OF FATHER Chilings	(Signed) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIGLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accident
PAR	12 MAIDEN NAME OF MOTHER OLL CALLORS	CAUSES, State (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
	13 BIRTHPLACE OF MOTHER (State or country) Trulburg	At place In the of death yrs mos ds. State yrs mos ds
14	(Informant)	Where was disease contracted, It not at place of death? Former or Usual residence
	(Address) Farthur Cr	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 E	June 18,191 4 Di L. Conra	20 UNDERTAKER ADDRESS
1/	REGISTRAR /	YYINYU

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably TENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. mus," "Old Agc," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease causing death), 29 ds.; "Exhaustion," For VIO-



N. B.

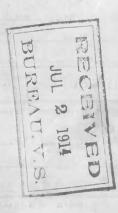
Ounty Allegang Village or Gity Enskulant (No. Alle	a noopital of maintains,
2 FULL NAME John Stewart	give its NAME Instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINO (Write) Write (Write)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from [1914], to June 24, 1914,
(Month) (Day (Year)	that I last saw h malive on Acre 71 ,1914
7 AGE If LESS than 1 day,hrs. ORmln.?	and that death occurred on the date stated above, at
(a) Trade, profession, or parficular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	(Duration) yrs mos 3 ds. Contributory Ceste of feedures Secondary (Duration) yrs mos 8 ds.
11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	(Signed)
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the graph of death yrs, mos. ds
(Informant) Cally May Inches	Where was disease contracted, City of Courbeland Former or usual residence.
(Address). 22 1914 191. Alpha Registrar If more blanks are needed address State Registrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS Tax 6 E. Franklin St., Balto., Requesting V. S. No. 1.
It more manas are needed, address State Regist	O E. Denkin St., Baito., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, (a) Spinner, (b) Cotton mill; (a) Salesman, cases, especially in industrial employments, it is neefirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," The (7)

Statement of cause of death—Name, first, the disease causing death is respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereu-cesies of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of..... such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. ete., when a definite disease can be ascertained as the genital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septiehacmus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vio-Bronehopneumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-State cause for



No. σġ

N. B.—Eyery Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT 4 -THIS INK UNFADING WITH PLAINLY. WRITE

Coun	ge or Gity Mustemport (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	FULL NAME	MEDICAL CERTIFICATE OF DEATH
3 SEX	PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDO	18 DATE OF DEATH (Month) (Day) (Year)
8 DATE	OF BIRTH Sefet (Write the word) (Month) (Day) (Year)	that I last saw h and alive on 1914
7 AGE	yrs. 8 mos. 23 ds. ORmin.?	and that death occurred on the date stated above, at 3 . m, The CAUSE OF DEATH* was as follows:
(a) Trad particula (b) Gen business	PRATION de, profession, or	(Duration) yrs. 6 mos. ds.
9 BIRTI (State	HPLACE or country) West Va	Contributory (Secondary) (Duration)
SLNII	BIRTHPLACE OF FATHER (State or country)	(Signed), M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
A 13	BIRTHPLACE OF MOTHER BIRTHPLACE OF MOTHER State or country)	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the graph of death yrs. mos. ds. State yrs. mos. ds
14THE (Into	ormant). Jus T.S. Lais (Address) Weslemfort Mag	Where was disease contracted, it not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	And 9 191 of Morphiland	20 UNDERTAKER ADDRESS Piedanous

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. 8. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease Causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

cause of death approved by Committee on Nomencla scpsis, tetanus) may be stated under the head which surgical operation was undertaken. For viomia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," 'Traemia," "Weakness," injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... ture of the American Medical Association.) "Contributory." mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhanstion," (name origin; "Can State cause for Examples: 2

